REQUEST FOR COPY OF MARRIAGE CERTIFICATE
VS-39M

PLEASE PRINT

<table>
<thead>
<tr>
<th>GROOM/SPOUSE</th>
<th>FULL LEGAL NAME BEFORE MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST</td>
<td>MIDDLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BRIDE/SPOUSE</th>
<th>FULL LEGAL NAME BEFORE MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST</td>
<td>MIDDLE</td>
</tr>
</tbody>
</table>

DATE OF MARRIAGE (MONTH/DAY/YEAR) | PLACE OF MARRIAGE (TOWN)

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-31A, ONLY THE BRIDE, GROOM, SPOUSE, OFFICIATOR OF THE MARRIAGE, TOWN CLERK OR REGISTRAR LISTED ON THE MARRIAGE CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A MARRIAGE CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBERS OF THE BRIDE, GROOM OR SPOUSE.

ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE MARRIAGE CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBERS.

PERSON MAKING THIS REQUEST:

NAME: ________________________________________________
FIRST                                           MIDDLE                                           LAST NAME

ADDRESS: ____________________________________________
NUMBER                                           STREET

TOWN/CITY: ___________________________ STATE: _______ ZIP CODE: ___________________________

TELEPHONE NO.: ___________________________ E-MAIL ADDRESS (optional): ___________________________

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: ___________________________

SIGNATURE: X

THE LEGAL FEE IS $20.00 PER COPY.

NUMBER OF COPIES WANTED: _______ AMOUNT ATTACHED: $ _______

FEE: $20.00 PER COPY. CHECK OR MONEY ORDER MADE PAYABLE TO THE TOWN OF NEW CANAAN.
MAIL THIS REQUEST WITH PAYMENT TO TOWN CLERK, P. O. BOX 447, NEW CANAAN, CT 06840